

NEBRASKA JOHNE'S DISEASE HERD STATUS PROGRAM
VETERINARIAN PARTICIPATION INCENTIVES

NAME: _____

ADDRESS: _____

HERD RISK ASSESSMENT AND MANAGEMENT PLAN RENEWALS

of Verified Assessments with this submission:

_____ x \$150 each = \$_____

I claim payment from the State of Nebraska for the above risk assessments/management plan renewals completed by me. I declare that the above information is a true account of said completed activities for which payment has not been made heretofore by the State of Nebraska.

Signature: _____

FTIN or Social Security Number: _____

Department Confirmation: _____

Dr. Thomas J. Schomer

Mail or fax form to:

**Nebraska Department of Agriculture
P.O. Box 94787
Lincoln, NE 68509
Fax: (402) 471-6893**